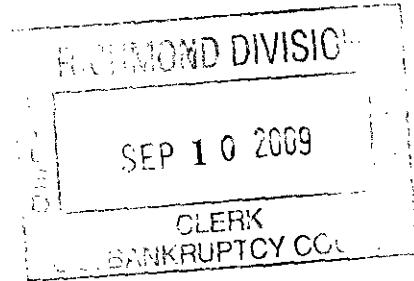


Minnie B. Hatcher
3200 Sally Circle
Florence, SC 29501
843-662-4871



9/3/2009

RE: OBJECTION

A) BANKRUPTCY COURT: UNITED STATES BANKRUPTCY
COURT FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION

NAME OF DEBTORS: CIRCUIT CITY STORES, INC

CASE # 08-35653 (KRJ) *claim 3602*

OBJECTION: DISALLOWANCE OF CERTAIN CLAIMS FOR
WAGES AND COMPENSATION

B) CLAIMANT'S NAME: MINNIE B. HATCHER

EXPLANATION FOR AMOUNT OF CLAIM: LOST WAGES,
PERSONAL PAYMENT FOR COBRA INSURANCE, PAIN AND
SUFFERING, MY HUSBAND IS DISABLED AND I WAS HEAD
OF HOUSEHOLD.

AMOUNT OF CLAIM: \$150,000.00

C) EEOC PHILADELPHIA DISTRIC OFFICE
801 MARKET STREET, SUITE PH/1300, PHILADELPHIA,PA
19107 PHONE # 215-440-2600
CONTACT PERSON : MARIE M TOMASSO, DISTRIC
DIRECTOR

EEOC GREENVILLE OFFICE, 301 NORTH MAIN STREET
SUITE 1402, GREENVILLE, SC 29601
PHONE # 864-241-4400
CONTACT NAME: PATRICIA FULLER, DIRECTOR

KAREN MCDONOUGH
EEOC INVESTIGATOR
PHILADELPHIA, PA
484-994-6838

D) N/A

E) PEOPLE WITH PERSONAL KNOWLEDGE:

NOELLE CAMPBELL: SEE ATTACHED INTAKE
QUESTIONNAIRE.

FELICIA TISDALE :SEE ATTACHED INTAKE QUESTIONNAIRE

CALVIN WILSON: SEE ATTACHED INTAKE QUESTIONNAIRE

F) CLAIMANTS ADDRESS: 3200 SALLY CIRCLE, FLORENCE, SC
29501
PHONE: 843-662-4871

G) N/A

X Minnie B. Hatcher

swore to me on this date:

Tina F. Albrey
4th, September 2009

my commission expires: My Commission Expires 08-29-2013
Darlington, SC

Circuit City's Claims Processing
c/o Kurtzman Carson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245

FIRST CLASS
US POSTAGE PAID
EL SEGUNDO CA
PERMIT NO. 45049

HATCHER MINNIE
3200 SALLY CIRCLE
FLORENCE, SC 29501

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 1/13/2009
and assigned claim number 3602

Document # 2758

For more information, please visit www.kccle.net/circuitecity or call
(866) 381-9100.

||||||||||||||||||||||||||||||||



Circuit City Stores, Inc.
9954 Mayland Drive
Richmond, VA 23233
tel 804.486.4000

1641
Ren

March 28, 2007

To Whom It May Concern:

The purpose of this letter is to advise you that Minnie B. Hatcher's employment with Circuit City Stores, Inc., ended effective March 28, 2007 as a consequence of Circuit City Stores, Inc.'s business decision, with respect to certain positions, to separate from employment hourly associates paid above the established pay range.

Minnie has been employed by Circuit City from February 09, 1996 to March 28, 2007. At the time of separation from employment, Minnie held the position of Customer Service Assoc-Lead.

If you need further information, please contact our Employment Verification Customer Service Number at 800-996-7566. Circuit City's Company Code is 70114.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric A. Jonas, Jr." The signature is fluid and cursive, with "Eric" and "A." being more stylized.

Eric A. Jonas, Jr.
Senior Vice President
Human Resources

926
confirmation
9201475

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

436-2007-00679

South Carolina Human Affairs Commission

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Minnie B. Hatcher

Home Phone (Incl. Area Code)

(843) 662-4871

Date of Birth

03-28-1946

Street Address

City, State and ZIP Code

3200 Sally Circle, Florence, SC 29501

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CIRCUIT CITY

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(843) 662-4345

Street Address

City, State and ZIP Code

2400 David Mcleod Blvd, Florence, SC 29501

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

RACE COLOR SEX RELIGION NATIONAL ORIGIN

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

03-28-2007

03-28-2007

RETALIATION

AGE

DISABILITY

OTHER (Specify below.)

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s).)

My date of birth is March 28, 1946, and I am currently sixty one (61) years of age. I was hired by the above employer February 9, 1996, and my most recent position is that of Customer Service Lead. March 28, 2007, I was informed my employment with the company was terminated. I was given a Separation Notification stating Circuit City Stores, Inc. had made a "business" decision, to separate all hourly employees whose pay rate is 51 cents or more above the established pay range.

It is my belief this action which affects myself as well as other older workers in disproportionate numbers is in violation of the Age Discrimination in Employment Act of 1967, as amended. That I and a class of similarly situated individuals are being discriminated against on account of age. I hereby file this charge on my behalf and on behalf of all employees who are at least forty and have been affected by this lay-off.

APR 23

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE
(month, day, year)

Apr 23, 2007

Minnie B. Hatcher

Charging Party Signature

Date

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. **FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (5/01).
2. **AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117.
3. **PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
4. **ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
5. **WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII or the ADA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please notify EEOC or the state or local agency where you filed your charge if retaliation is taken against you or others who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, and Section 503(a) of the ADA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."

(PLEASE PRINT)

1. Personal Information

Last Name: Blatcher First Name: Minnie MI: B
Street or Mailing Address: 3200 Sally Circle Apt Or Unit #: 1B
City: Florence County: Darlington State: SC Zip: 29501
Phone Numbers: Home: (843) 662-4871 Work: ()
Cell: (843) 260-2282 Email Address:
Date of Birth: 13-28-1946 Sex: Male Female Race: W.
National Origin / Ethnicity US citizen Do You Have a Disability? Yes No

Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Frank M. Blatcher Relationship: Spouse
Address: 3200 Sally Circle City: Florence State: SC Zipcode: 29501
Zip: 29501 Home Phone: (843) 260-2282 Other Phone: (843) 679-4260

I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union _____ Employment Agency _____ Other (Please Specify) _____

2. Organization Contact Information

Organization #1 Name: Circuit City #7623
Address: 2400 Davis/McLeod Blvd
City: Florence State: SC Zip: 29501 Phone: (843) 662-4345
Type of Business: Electronics Job Location if different from Org. Address: _____
Human Resources Director or Owner Name: Renita Jackson Phone: 1-800-288-6353

Number of Employees in the Organization at All Locations: Please Check (✓) One

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

Organization #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Type of Business: NA Job Location if not at Org. Address: NA

Human Resources Director or Owner Name: NA Phone: NA

Number Of Employees In The Organization At All Locations: please check (✓) one

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: 02-09-1996 Job Title At Hire: Customer Service Associate

Pay Rate When Hired: \$8.00 hr. Last or Current Pay Rate: \$15.65

Job Title at Time of Alleged Discrimination: Customer Service Lead

Name and Title of Immediate Supervisor: Jackie Consigno/Op. Mgr.

IF Applicant, Date You Applied for Job NA Job Title Applied For NA

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) RETALIATION.

Race Sex Age Disability National Origin Color Religion Retaliation Pregnancy

Other reason (basis) for discrimination (Explain).

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 Written Warning from Supervisor, Mr. John Soto)

A) Date: 3/28/07 Action: Seprate from employment from associates
and above the established pay range \$10 or more

Name and Title of Person(s) Responsible: Bill Cimino & Circuit City

B) Date: 3/28/07 Action: Seprate from Employment Corporate
Ronni Jackson (HC) ERIC A. Jones

Name and Title of Person(s) Responsible Jackie Consigno & Circuit City

Describe any other actions you believe were discriminatory.

Younger people kept their jobs ERIC A. Jones
and store didn't think that 2 more Senior V.P.
associates should have lost jobs. Humanless
who have lead, who didn't have
5 yrs, and another, CSA associate who Ronni Jackson
didn't work circuit city 7 yrs. HR

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

The older employees were fired younger employee kept their job.

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. <u>Telicia Tischke</u>	<u>Customer Service Associate</u>	
2. <u>Noelle Campbell</u>	<u>Product Specialist Merchandise</u>	
3. <u>Calvin Wilson</u>	<u>Product Specialist Merchandise</u>	

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

N/A

8. Please check all that apply:

Yes, I have an actual disability
 I have had an actual disability in the past
 No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

N/A

10. Did you ask your employer for any assistance or change in working condition because of your disability?
YES NO

Did you need this assistance or change in working condition in order to do your job?
YES NO

If "YES", when? _____ To whom did you make the request? Provide full name of person _____ How did you ask (verbally or in writing)? _____

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. <u>Terica Tisdale</u>	<u>Customer Service Associate</u>	<u>1025 Hickory Dr.</u> <u>Florence SC 29505</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B. <u>Noelle Campbell</u>	<u>Prod Spec.</u>	<u>PoBox 746 Latta, SC 29565</u> <u>843-423-5853</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C. <u>Calrice Wilson</u>	<u>3835 Pine Tree Dr.</u>	<u>Florence, S.C.</u> <u>(843) 662-2317</u>

12. Have you filed a charge previously in this matter with EEOC or another agency? YES NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source? YES NO - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Minnie B. Statler
Signature

3-10-07
Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Provide the tracking number on the attached cover letter. Please make a copy of this form for your records before mailing.

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (10/2006).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.6(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."

(PLEASE PRINT)

1. Personal Information

Last Name: CAMPBELL First Name: NOELLE MI: _____
Street or Mailing Address: P. O. Box 746 Apt Or Unit #: _____
City: LATTA County: DILLON State: SC Zip: 29565
Phone Numbers: Home: (843) 423-5853 Work: ()
Cell: (843) 601-1746 Email Address: CAMP4964 @BELLSouth.NET
Date of Birth: 02-22-47 Sex: Male ✓ Female Race: WHITE
National Origin / Ethnicity US CITIZEN Do You Have a Disability? Yes No

Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAN CAMPBELL Relationship: HUSBAND
Address: P O BOX 746 City: LATTA State: SC Zipcode: 29565
Zip: _____ Home Phone: 843 423-5853 Other Phone: 843 319-7675

I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union _____ Employment Agency _____ Other (Please Specify) _____

2. Organization Contact Information

Organization #1 Name: CIRCUIT CITY #1627
Address: 2400 DAVID MCLEOD BLVD.
City: FLORENCE State: SC Zip: 29401 Phone: (843) 666-4345
Type of Business: ELECTRONICS Job Location if different from Org. Address: _____
Human Resources Director or Owner Name: RENITA JACKSON Phone: 1-800-288-6353

Number of Employees in the Organization at All Locations: Please Check (✓) One

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

Organization #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone : (_____) _____

Type of Business: _____ Job Location if not at Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: _____

Number Of Employees In The Organization At All Locations: please check (✓) one

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: 11-03-1997 Job Title At Hire: CSA

Pay Rate When Hired: 6.50/HR Last or Current Pay Rate: 10.79/HR

Job Title at Time of Alleged Discrimination: PRODUCT SPECIALIST - MERCHANDISING

Name and Title of Immediate Supervisor: JACKIE CONSIGLIO

If Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓)AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓)RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓)RETALIATION.

Race Sex Age Disability National Origin Color Religion Retaliation Pregnancy

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/ Written Warning from Supervisor, Mr. John Soto)

A) Date: 3-28-07 Action: I WAS SEPARATED FROM EMPLOYMENT BECAUSE I MADE \$.51 ABOVE THE ESTABLISHED PAY RANGE

Name and Title of Person(s) Responsible: BILL CIMIBO AND CIRCUIT CITY CORP

B) Date: 3-28-07 Action: SEPARATE FROM EMPLOYMENT

Name and Title of Person(s) Responsible RENITA JACKSON (HR) ERICA JONAS JR

Describe any other actions you believe were discriminatory.

YOUNGER PEOPPLE WERE KEPT IN MY POSITION, MAKING LESS MONEY, AND WORKING PART TIME.

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

I WAS TOLD THAT THE OLDER EMPLOYEES WERE
MAKING TOO MUCH MONEY, AND THEY COULD
HIRE YOUNGER EMPLOYEES, AND THEY WANTED TO
OPEN 200 NEW STORES.

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. MINNIE HATCHER	CSA LEAD	
2. CALVIN WILSON	PRODUCT SPECIALIST	
3. FELICIA TISDALE	CSA	

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:

Yes, I have an actual disability
 I have had an actual disability in the past
 No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

10. Did you ask your employer for any assistance or change in working condition because of your disability?
YES NO

Did you need this assistance or change in working condition in order to do your job?
YES NO

If "YES", when? _____ To whom did you make the request? Provide full name of person _____ How did you ask (verbally or in writing)? _____

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. MINNIE HATCHER	CSA LEAD	3200 SALLY CIRCLE FLORENCE, SC 29530 843-662-4871
B. CALVIN WILSON	PRODUCT SPECIALIST	3835 Pinetree Dr. Florence, SC (843) 662-7317
C. FELICIA TISDALE	CSA	1025 Hallie Dr. Florence SC 29530 843-662-9115

12. Have you filed a charge previously in this matter with EEOC or another agency? YES NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source?

YES NO - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Noelle Campbell
Signature

4-10-07
Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Provide the tracking number on the attached cover letter. Please make a copy of this form for your records before mailing.

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1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (10/2006).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b). 29 U.S.C. § 211. 29 U.S.C. § 626. 42 U.S.C. 12117(a).
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(u), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence or facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."

(PLEASE PRINT)

1. Personal Information

Last Name: Tisdale First Name: Felicie MI: A
Street or Mailing Address: 1025 Hulie Dr Florence Apt Or Unit #: _____
City: Florence County: _____ State: SC Zip: 29505
Phone Numbers: Home: (843) 665-9113 Work: () _____
Cell: (843) 665-9924 Email Address: _____
Date of Birth: 2-10-62 Sex: Male Female Race: Black
National Origin / Ethnicity _____ Do You Have a Disability? Yes No

Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Lakesh A. Tisdale Relationship: Daughter
Address: 205 Beech St Ave City: Andrews State: SC Zipcode: 29510
Zip: 29510 Home Phone: (843) 264-5171 Other Phone: ()

I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union _____ Employment Agency _____ Other (Please Specify) _____

2. Organization Contact Information

Organization #1 Name: Circuit City #1627
Address: 2400 David H McLeod Blvd
City: Florence State: SC Zip: 29501 Phone: (843) 662-4345
Type of Business: Retail Job Location if different from Org. Address: _____
Human Resources Director or Owner Name: Renita Jackson Phone: 1-800-288-6353

Number of Employees in the Organization at All Locations: Please Check (J) One

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

Organization #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Type of Business: _____ Job Location if not at Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: _____

Number Of Employees In The Organization At All Locations: please check (/) one

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: Sept 92 Job Title At Hire: Customer Service

Pay Rate When Hired: 5.75 Last or Current Pay Rate: 14.29

Job Title at Time of Alleged Discrimination: Customer Service

Name and Title of Immediate Supervisor: Jackie Consiglio

IF Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (/) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (/) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (/) RETALIATION.

Race Sex Age Disability National Origin Color Religion Retaliation Pregnancy

Other reason (basis) for discrimination (Explain). Pay rate

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/ Written Warning from Supervisor, Mr. John Soto)

A) Date: 3-28-07 Action: Separate from employment, over hourly rate by \$1. Never knew there was a wage cap

Name and Title of Person(s) Responsible: Renita Jackson (HR)

B) Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

Describe any other actions you believe were discriminatory.

Pay rate, Never knew there was a salary cap.
higher younger folks for lower wage \$ - Age

They didn't eliminate our job as customer service, they just eliminate us because we made to much money for them,
AND TOO OLD.

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. Minnie Hafcher	Customer Service	
2. Calvin Wilson	Product Specialist	
3. Noelle Campbell	Product Specialist	

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check all that apply:

- Yes, I have an actual disability
- I have had an actual disability in the past
- No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

10. Did you ask your employer for any assistance or change in working condition because of your disability?
YES NO

Did you need this assistance or change in working condition in order to do your job?
YES NO

If "YES", when? _____ To whom did you make the request? Provide full name of person _____ How did you ask (verbally or in writing)? _____

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. <u>ANGELLE CAMPBELL</u>	<u>Prod Spec.</u>	<u>P.O. BOX 746</u>
	<u>LATTA, SC 29565</u>	<u>843-423-5853</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B. <u>Calvin A. Wilson</u>	<u>Product Specialist</u>	<u>Merchandising</u>
	<u>3835 Privetree Dr. Florence, SC 29561</u>	<u>(843)662-2317</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C. <u>Dawnie Whitcher</u>	<u>CSA Lead</u>	<u>3201 Sally Circle Florence, SC 29530</u>
		<u>843-662-4871</u>

12. Have you filed a charge previously in this matter with EEOC or another agency? YES NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source? YES NO - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Felicia Tidwell
Signature

4-10-07
Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Provide the tracking number on the attached cover letter. Please make a copy of this form for your records before mailing.

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (10/2006).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."

(PLEASE PRINT)

1. Personal Information

Last Name: Wilson First Name: Calvin MI: Alexander
Street or Mailing Address: 3835 Pinetree DRIVE Apt Or Unit #: _____
City: Florence County: Florence State: S.C. Zip: 29501
Phone Numbers: Home: (843) 662-2317 Work: (843) 662-4345
Cell: _____ Email Address: _____
Date of Birth: 07-02-40 Sex: Male Female Race: _____
National Origin / Ethnicity Black Do You Have a Disability? Yes No

Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Pentheal E. Wilson Relationship: wife
Address: 3835 Pinetree City: Florence State: S.C. Zipcode: 29501
Zip: 29501 Home Phone: (843) 662-2317 Other Phone: ()

I believe that I was discriminated against by the following organization(s): (Check those that apply)
Circuit City Store #1627

Employer _____ Union _____ Employment Agency _____ Other (Please Specify) _____

2. Organization Contact Information

Organization #1 Name: Circuit City Store # 1627
Address: 2004 David Mead Blvd
City: Florence State: SC Zip: 29501 Phone: (843) 662-4345
Type of Business: Retail Electronics Job Location if different from Org. Address: _____
Human Resources Director or Owner Name: Renita Jackson Phone: 1-800-288-6353

Number of Employees in the Organization at All Locations: Please Check (J) One

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

Organization #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Business: Retail/Electronics Job Location if not at Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: _____

Number Of Employees In The Organization At All Locations: please check (✓) one

Less Than 15 15 - 100 101 - 200 201 - 500 More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: Aug 1999 Job Title At Hire: Major Appliance Sales Counselor

Pay Rate When Hired: 7.75/hr with Commission Last or Current Pay Rate: 10.50/hr

Job Title at Time of Alleged Discrimination: Product Specialist Merchandising

Name and Title of Immediate Supervisor: Jackie Consiglio

If Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's complaint or if you filed a charge of discrimination and a negative action was threatened or taken, you should check (✓) RETALIATION.

Race Sex Age Disability National Origin Color Religion Retaliation Pregnancy

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/00 Written Warning from Supervisor, Mr. John Soto)

A) Date: 3/28/07 Action: Separated from employment hourly Associate whose pay rate was 51 cents or more above established PAY RANGE
Name and Title of Person(s) Responsible: Bill Ciurbo Circuit City Corp.

B) Date: 03-28/07 Action: _____

Name and Title of Person(s) Responsible Revera Jackson (H.R.), Erica Jonas Jr.

Describe any other actions you believe were discriminatory.

Younger persons were given positions, make less money And working part time

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

I was told I was making too much money

7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name	Job Title	Description
1. <u>Felicia Tisdale</u>	<u>Customer Service</u>	
2. <u>Minnie Hatcher</u>	<u>Customer Service Dept Lead</u>	
3. <u>Nob L Campbell</u>	<u>Product Specialist Merchandising</u>	

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

N/A

8. Please check all that apply:

Yes, I have an actual disability
 I have had an actual disability in the past
 No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

N/A

10. Did you ask your employer for any assistance or change in working condition because of your disability?
YES NO

Did you need this assistance or change in working condition in order to do your job?
YES NO

If "YES", when? _____ To whom did you make the request? Provide full name of person _____ How did you ask (verbally or in writing)? _____

Describe the assistance or change in working condition requested?

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say. Add additional pages if necessary.

NAME	JOB TITLE	ADDRESS & PHONE NUMBER
A. <u>Minnie Hether</u>	<u>CSA Lead</u>	<u>3201 Selly Cir</u>
	<u>843-662-4871</u>	<u>Florence SC 29501</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
B. <u>NOELLE CAMPBELL</u>	<u>PRODUCT SPECIALIST</u>	<u>Po Box 746 LATTAS, SC</u>
		<u>843-423-5853 29565</u>
NAME	JOB TITLE	ADDRESS & PHONE NUMBER
C. <u>Felicia Tisdale</u>	<u>Customer Serv.</u>	<u>1025 Hallie Dr</u>
		<u>Florence SC 29505</u>

12. Have you filed a charge previously in this matter with EEOC or another agency? YES NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source?

YES NO - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Cabin A. Wilson
Signature

04-10-07
Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Provide the tracking number on the attached cover letter. Please make a copy of this form for your records before mailing.

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (10/2006).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1625.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

April 3, 2007

**Minnie Hatcher
3200 Sally Circle
Florence, South Carolina 29501**

Dear Ms Minnie Hatcher,

Thank you for contacting us on 04/02/2007 12:40 PM. Based on the information you provided, it appears your situation may be covered by the laws we enforce. To begin the charge-filing process, please read and complete the entire questionnaire immediately. You may return the questionnaire by mail to the EEOC office listed below or you may return the questionnaire in person. If you wish to return the completed questionnaire in person, we strongly encourage you to call the office at the number indicated below before visiting. The charge filing process can take up to two hours to complete and the intake office hours and procedures differ from office to office.

Greenville Local Office
301 North Main Street
Suite 1402
Greenville, SC 29601-9916
1-866-408-8075 or 1-864-241-4401

Please remember to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete both sides of each page.
- Attach additional pages to complete your responses, if necessary.
- Contact the field office if you have questions about completing this form or if you wish to inquire about visiting the office to complete the charge filing process.

Information about the laws we enforce and our charge-filing procedures is available on our web site at www.eeoc.gov.

A charge of job discrimination must be filed with the EEOC within 180 days from the date of harm in order to protect your rights. This 180 day filing deadline may be extended to 300 days if the charge is also covered by a state or local job discrimination law. Therefore, it is important that you submit the completed questionnaire promptly.

Generally, submission of this questionnaire will not meet all requirements for filing a charge. However, this questionnaire will allow the EEOC to review your circumstances further and determine whether we can assist you.

Please call 1-800-669-4000 and provide the transaction number 070402-001291, if you have not heard from the field office after 30 days from the date you mailed the completed questionnaire.

Sincerely,
U.S. Equal Employment Opportunity Commission

* PLEASE do NOT return the questionnaire to the address on the envelope: return it to the address above *

November 19, 2007

Minnie B Hatcher
3200 Sally Circle
Florence, South Carolina 29501
Phone # 843-453-1060
Phone # 843-260-2282

Dear Mrs. Charlotte Watts:

Please find the attached letter I received Thursday, November 14, 2007. Circuit City reinstated me starting Tuesday, November 20th, 2007.

~~did not~~
Circuit City reinstated me with full seniority as starting February 9, 1996.
Hourly wage of \$10.25. They are saying that I cannot get another raise. Kevin Fraley said \$10.25 was the highest I could make.
Also, I was hired as an Customer Service Associate , not Customer Service Lead or Supervisor and I was making \$15.65 when Circuit City let me go March 28,2007.

Circuit City will reinstated me with full benefits starting in 30 days.

Circuit City DID NOT PAY BACK PAY for the eight months. I think they should.

I am enclosing the letter that I got from Circuit City and what they are promising me when I am reinstated. I think I should get Back Pay and \$15.65 my ending pay .

I hope to hear from you soon , with a letter or call about my rights.

Minnie B. Hatcher

Minnie B. Hatcher

p.s. I also had to pay Colra insurance for 2 yrs for myself & husband.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Greenville Local Office

Landmark Building
301 North Main Street
Suite 1402
Greenville, SC 29601
(864) 241-4400
TTY (864) 241-4403
FAX (864) 241-4416

March 5, 2008

Ms. Minnie Hatcher
3200 Sally Circle
Florence, SC 29501

Re: Charge No. : 436-2007-00679

Dear Ms. Hatcher:

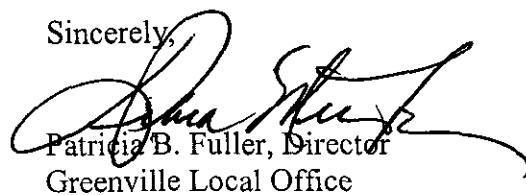
This letter is to inform you that the above referenced case has been transferred to the Philadelphia District Office for a consolidated investigation. Please give the agency at least a month before inquiring.

For further reference, direct all inquiries to:

Equal Employment Opportunity Commission -
Philadelphia District Office -
801 Market Street, 13th Floor
Philadelphia, PA 19103

Your cooperation is greatly appreciated.

Sincerely,



Patricia B. Fuller, Director
Greenville Local Office

cc: Respondent:
Donna Hughes Latta
Director and Assistant General Counsel
Circuit City Stores, Inc.
9954 Mayland Drive
Richmond, VA 23233

215-440-2639
ad. Cook

215-440-2813
Karen McDonough

EROC, Gov.

484-994-6838

cellular phone or leave message

Attn:
Lasey
Outstanding



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office**

801 Market Street, Suite PH/1300
Philadelphia, PA 19107
(215) 440-2600
TTY (215) 440-2610
FAX (215) 440-2632, 2848 & 2604

Minnie B. Hatcher
32000 Sally Circle
Florence, SC 29501

Charging Party

IV.

CHARGE NUMBER: 436-2007-00679

Circuit City
24000 David Mcleod Blvd.
Florence, SC 29501

Respondent

DETERMINATION

Under the authority vested in me by the Commission's Procedural Regulations, I issue on behalf of the Commission the following determination as to the merits of the above-cited charge. Respondent is an employer within the meaning of The Age Discrimination in Employment Act of 1967, as amended, (ADEA). The timeliness and all other jurisdictional requirements for coverage have been met.

Charging Party is one of a group of Charging Parties who alleged that Respondent's March 28, 2007 layoff had a disparate impact on them and on a class of employees in the protected age group (PAG), thereby discriminating against them on the basis of their age. Charging Party contends that Respondent's alleged neutral policy of laying off hourly workers whose rates of pay were more than 50 cents over the market based rate (range), was a mechanism devised to rid the workforce of its older workers. The Charging Party contends that Respondent's financial/business necessity argument is not a reasonable justification, but a subterfuge, as Respondent simultaneously announced the opening of 200 new stores and actively recruited disproportionately younger, inexperienced workers to replace those who had been laid off.

Respondent contends that Charging Party's allegations are unfounded and that on March 28, 2007, it implemented a company-wide initiative which affected certain hourly associates who were being paid in excess of the pay range appropriate for that associate's position. Further, Respondent stated that the implementation of this initiative was a direct result of Circuit City's business need to reduce expenses.

Based on an analysis of the statements and documents provided, I have determined that the evidence establishes a violation of the ADEA for the following reasons:

An analysis of Respondent's demographics revealed that prior to the layoff Respondent employed 33,880 employees. Of those employees, only 7.5 % were in the protected age group compared to 92.5% who were age 39 and under. The analysis revealed that Respondent laid off 10% of its workforce as a result of the company wide initiative. The analysis shows that 43.3% of the PAGs were laid off compared to only 7.3% of the non-PAGs. Therefore, individuals over 40 were disproportionately represented in the layoff category. If age did not influence an individual's chance of layoff we would have expected 253.6 PAGs to be laid off; instead we found 1095. Likewise, we would have expected 3144.4 non-PAGs to be laid off; instead we found only 2303, a significant shortage.

The investigative file contains testimony that store managers admitted to the fact that older employees were making too much money and they were told to hire younger, inexperienced individuals. One store manager admitted that he heard that certain managers were told to hire younger employees. An Analysis of new hires revealed a disproportionate number of non-PAGS were being hired. In fact, Respondent offered its post-layoff, predominately non-PAG, workforce monetary incentives if they referred a friend to work. Documents produced corroborated immediate pressure to recruit and hire. Managers were told that they could not address rehiring individuals who had been laid off for at least 10 weeks even if the former employee stated he/she would work for a significantly less wage. One manager stated that Respondent sent out letters for rehire (in the Fall, 2007) when they realized things did not work as planned and they could not operate the stores effectively with so many untrained and inexperienced staff. It was only at that time that letters were sent to former employees and they were invited back for rehire as a "new employee" at a lower wage, with no seniority and no retroactive benefits. In the course of the investigation it was also found that some younger employees that met the criteria for lay off were retained. Therefore, the Commission believes that older workers were subjected to disparate treatment as well as adverse impact.

The information in the investigative file indicates that Respondent failed to produce any information in response to whether there were any age based impact studies done before, during or after the March 28, 2007 layoff. Further, Respondent presented no information as to whether it explored alternatives to the lay-offs/reduction in force after examining any adverse impact studies on individuals in the protected age group. The Commission can find no evidence that Respondent carried its burden of persuasion as to the reasonableness of the non-age factor alleged. The Commission believes that an employer defending a disparate-impact claim under the ADEA bears not only the burden of production (articulation of the justification), but also the burden of persuasion on the "reasonable factor other than age" (RFOA) issue. In other words, the employer failed to convince the Commission by a preponderance of the evidence that the asserted RFOA was actually reasonable. The ageist comments, under represented population of PAGS, active recruiting of younger employees with incentives, hiring of a disproportionate number of non-PAG's and actual and planned opening of new stores, is suspect and willful ageist behavior which outweighs Respondent's portrayal of a company laying off employees to cut cost.

It is the Commission's finding that the above results show adverse impact and/or disparate treatment against Charging Party and a class of older workers which is practically and statistically significant. It is determined, therefore, based on a review and analysis of the record, that there is reasonable cause to believe that a violation of the ADEA has occurred.

Upon finding that there is reason to believe that violations have occurred, the Commission now attempts to eliminate the alleged unlawful practices by informal methods of conciliation. Therefore, the Commission now invites the parties to join with it in reaching a just resolution of this matter. In this regard, conciliation of this matter has now begun. Please be advised that upon receipt of this finding, any reasonable offer to resolve this matter will be considered. The Commission is seeking all available relief under the ADEA, including liquidated damages on behalf of each Charging Party and claimant. A Commission representative will forward to Respondent a monetary demand under separate cover. Again, the Commission is postured to consider any reasonable offer during this period. If an offer has not been previously submitted, Respondent is requested to accept, reject, or submit a counteroffer within two weeks of its receipt of that Conciliation proposal. The confidentiality provisions of the statute(s) and Commission Regulations apply to information obtained during conciliation.

If the Respondent declines to discuss settlement or when, for any other reason, a settlement acceptable to the office Director is not obtained, the Director will inform the parties and advise them of the court enforcement alternatives available to aggrieved persons and the Commission.

On behalf of the Commission

William D. Cork

March 5, 2009
Date

Marie M. Tomasso
District Director

cc: James N. Boudreau (for Respondent)



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office**

801 Market St., Suite 1300
Philadelphia, PA 19107-3127
(215) 440-2601
TDDY (215) 440-2610
FAX (215) 440-2604

Minnie B. Hatcher
32000 Sally Circle
Florence, SC 29501

Charging Party

v.

Charge Number 436-2007-00679

Circuit City
2440 David McLeod Blvd.
Florence, SC 29501

Respondent

NOTICE OF CONCILIATION FAILURE

The Equal Employment Opportunity Commission (EEOC) has determined that its efforts to conciliate this charge filed under the Age Discrimination in Employment Act of 1967, as amended (ADEA) have been unsuccessful. Therefore, the case has been referred to our Legal Unit for possible litigation. The parties will be informed of EEOC's decision in this matter.

If the EEOC decides to bring a lawsuit on behalf of the Charging Party under the ADEA, the Charging Party will lose his private suit rights under the ADEA unless he has already filed a private lawsuit against the Respondent. If the EEOC decides that it will not bring a civil action based on this charge, the Charging Party will be issued a Notice of Right to Sue, which will enable Charging Party to sue the Respondent in Federal District Court on her own behalf provided that the suit is filed within 90 days of receipt of the Notice of Right to Sue.

It is requested that where suit is filed that the Charging Party notify EEOC at the above address by letter and copy of the complaint.

On behalf of the Commission,

7/31/09
Date

Marie M. Tomasso
Marie M. Tomasso
District Director

cc: Kurtzman Carson Consultants (For Respondent)